

M. GALE LEMMON #4363  
Assistant Attorney General  
MARK L. SHURTLEFF #4666  
Attorney General  
Attorneys for Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, UT 84114  
Telephone (801) 538-3872

## BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

**COMPLAINANT:**

UTAH INSURANCE DEPARTMENT

**RESPONDENT:**

CATHY A. GEORGE  
368 N. 5000 W.  
West Point, UT 84015  
License No. 223666

**STIPULATION  
&  
ORDER**

Docket No. 2007-096 LC

Enf. Case No. 2025

### STIPULATION

1. Respondent, Cathy A. George, is a licensed resident insurance agent in the State of Utah, holding License No. 223666.
2. Respondent stipulates with the Complainant, Utah Insurance Department, as follows:
  - a. If a hearing were held, witnesses called by the Complainant could offer and introduce evidence that would support the Findings of Fact herein;
  - b. Respondent admits the Findings of Fact and Conclusions made therefrom;
  - c. Respondent stipulates to the summary entry of the Order herein which shall be in lieu of other administrative proceedings by Complainant in this matter; and

d. Respondent and Complainant have negotiated the terms of the Order entered herein and Respondent agrees to its entry and further agrees to be bound by all its terms.

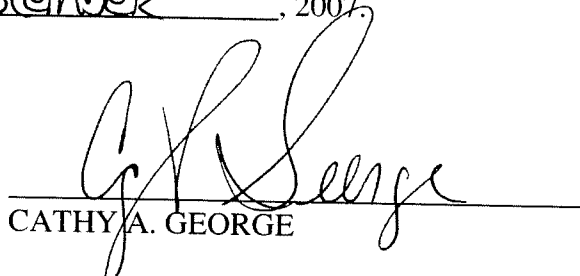
3. Respondent is aware of her right to a hearing at which she may be represented by counsel, present evidence and cross-examine witnesses. Respondent has irrevocably waived her right to such hearing and to any appeal related thereto.

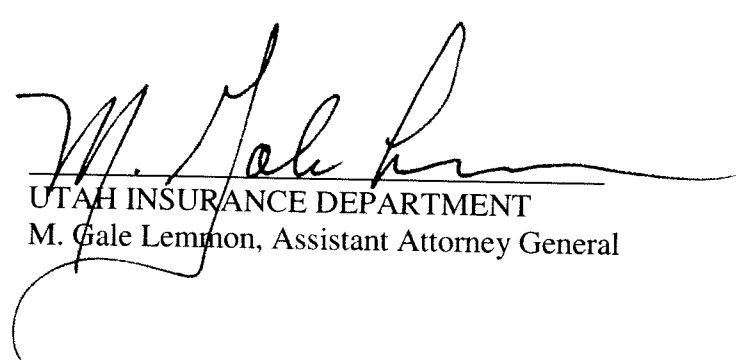
4. Respondent admits the jurisdiction of the State of Utah Insurance Commissioner as to all matters herein.

5. Respondent is acting herein free from any duress or coercion of any kind or nature, having been advised fully as to her rights set forth herein.

6. Respondent acknowledges that the issuance of this Order by the Commissioner is solely for the purpose of disposition of the matter entitled herein.

DATED this 20 day of September, 2007.

  
CATHY A. GEORGE

  
UTAH INSURANCE DEPARTMENT  
M. Gale Lemmon, Assistant Attorney General

Based upon the foregoing Stipulation and information in the file, the Presiding Officer makes the following Findings of Fact:

### **FINDINGS OF FACT**

1. Respondent submitted an application for the renewal of her insurance agent's license on or about April 2, 2007.
2. Respondent affirmed on her application that she had completed all required continuing education requirements prior to submitting said application.
3. On or about April 10, 2007, Respondent contacted personnel in the licensing division stating that she was not sure she had completed all of her continuing education. Investigation by the department revealed that Respondent had completed none of the required continuing education prior to the submission of her renewal application.
4. Since the submission of her renewal application, Respondent has completed all required continuing education for her latest renewal.

Based upon the foregoing Stipulation and Findings of Fact, the Presiding Officer enters the following Conclusions of Law:

### **CONCLUSIONS OF LAW**

1. In submitting a renewal application that falsely stated that she had completed all required continuing education when such was not the case, Respondent violated Utah Code

Annotated § 31A-2-202(6).

2. In failing to complete all required continuing education requirements prior to submitting her renewal application, Respondent violated Utah Code Annotated § 31A-23a-105(1)(c).

Based upon the foregoing Stipulation, Findings of Fact and Conclusions of Law, the Presiding Officer herewith enters the following Order:

### **ORDER**

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of \$250.00 to be paid within 30 days of the date of this Order.

2. Respondent's insurance agent's license is placed on probation for a period of 24 months beginning with the date of this Order. The conditions of probation are that Respondent shall pay the administrative forfeiture assessed herein in a timely manner; Respondent shall complete all required continuing education prior to the submission of her next application for renewal of her license; and Respondent shall have no further violations of the Utah Insurance Code or Rules or of any order of the commissioner.


### **NOTIFICATION**

Respondent is hereby notified that failure to abide by the terms of this Order may subject you to further penalties, including additional forfeitures of up to \$5,000.00 per violation and the suspension or revocation of your license, and the filing of an action to enforce this Order in the District Court, which may impose penalties of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED this 25<sup>th</sup> day of September, 2007.

D. KENT MICHIE  
INSURANCE COMMISSIONER

  
MARK E. KLEINFELD, Esq.  
Administrative Law Judge  
Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800

CERTIFICATE OF MAILING

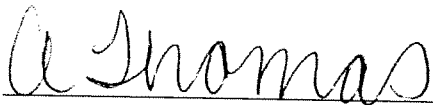
I do hereby certify that on this date I mailed, by regular mail, postage prepaid, a true and correct copy of the attached:

STIPULATION  
&  
ORDER

To the following:

Cathy George  
368 N 5000 W  
West Point, UT 84015

DATED this 25<sup>th</sup> day of September, 2007.



Angie Thomas Court Clerk  
Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, UT 84114-6901

**UTAH  
Invoice**

Page 1

Printed Date: September 24, 2007

Invoice Date: September 24, 2007  
Balance Due: \$250.00  
Due Date: October 25, 2007  
Invoice ID: 351195

GEORGE CATHY A  
CATHY A GEORGE  
368 N 5000 W  
WEST POINT UT 84015

*Paid in Full  
9-24-07*

**Item Description**

Monetary Penalty Individual

	<b>Amount</b>
	\$250.00
<b>Original Amount Due</b>	<u>\$250.00</u>

---

**UTAH  
Invoice**

Printed Date: September 24, 2007

Invoice Date: September 24, 2007  
Balance Due: \$250.00  
Due Date: October 25, 2007  
Invoice ID: 351195

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department  
3110 State Office Building  
Salt Lake City, UT 84114-6901

**Detach and Return with Payment**